# **PHA Plans**

#### **Streamlined Annual** Version

## U.S. Department of Housing and **Urban Development**

Office of Public and Indian

Housing

OMB No. 2577-0226

 $(\exp. 08/31/2009)$ 

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

# Streamlined Annual PHA Plan for Fiscal Year: 2008

**PHA Name:** Hendry County Housing Authority

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.

## Streamlined Annual PHA Plan Agency Identification

| PHA Name: Hendry  | County Housing   | ng Authority                                 | PHA Number: FL-123                          |                            |  |
|---|--|--|---|----------------------------|--|
| PHA Fiscal Year Be  | eginning: (10/20   | 008)   |   |                            |  |
| PHA Programs Adr Public Housing and Number of public housing units: Number of S8 units: | Section 8 \( \subseteq Se  |  | ablic Housing Onler of public housing units |                            |  |
| □PHA Consortia: (   | check box if subr  | nitting a joint PHA P                        | lan and complete                            | table)                     |  |
| Participating PHAs  | PHA<br>Code  | Program(s) Included in the Consortium        | Programs Not in<br>the Consortium           | # of Units<br>Each Program |  |
| Participating PHA 1:  |  |  |   |                            |  |
| Participating PHA 2:  |  |  |   |                            |  |
| Participating PHA 3:  |  |  |   |                            |  |
| PHA Plan Contact I<br>Name: Mr. James Codd:<br>TDD:                                     |  | Phone: (863) 675-53<br>Email (if available): |   | dryfla.net                 |  |
| Public Access to Inf<br>Information regarding<br>(select all that apply)                |  | lined in this plan can                       | be obtained by co                           | ontacting:                 |  |
| PHA's main adm  | inistrative office   | PHA's devel                                  | opment manageme                             | ent offices                |  |
| Display Locations F   | or PHA Plans   | and Supporting D                             | ocuments                                    |                            |  |
| PHA developmen  | tion. X Yes ly: ive office of the Part management offive of the lo | □ No.<br>HA                                  |   |                            |  |

Clewiston Satellite Complex Social Services Office 100 East El Paso Clewiston, Florida 33440 (863) 983-1469 Hendry County Govt. Complex Social Services Office 165 South Lee Street La Belle, Florida 33975 (863) 675-5356

|             | Plan Supporting Documents are avail | lable for   | inspection at: (select all that apply) |
|-------------|-------------------------------------|-------------|--|
| $\boxtimes$ | Main business office of the PHA     | $\boxtimes$ | PHA development management offices     |
|             | Other (list below)                  |             |  |
|             | Clewiston Satellite Complex         |             | Hendry County Govt. Complex            |
|             | Social Services Office              |             | Social Services Office                 |
|             | 100 East El Paso                    |             | 165 South Lee Street                   |
|             | Clewiston, Florida 33440            |             | La Belle, Florida 33975                |
|             | (863) 983-1469                      |             | (863) 675-5356                         |

#### Streamlined Annual PHA Plan Fiscal Year 2008

[24 CFR Part 903.12(c)]

#### **Table of Contents**

[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

#### A. PHA PLAN COMPONENTS

|             | 1. Site-Based Waiting List Policies                       | PAGE 4-N/A  |
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| 903.7       | (b)(2) Policies on Eligibility, Selection, and Admissions |             |
|             | 2. Capital Improvement Needs                              | PAGE 5-N/A  |
| 903.7       | (g) Statement of Capital Improvements Needed              |             |
|             | 3. Section 8(y) Homeownership                             | PAGE 7-N/A  |
| 903.7       | (k)(1)(i) Statement of Homeownership Programs             |             |
|             | 4. Project-Based Voucher Programs                         | PAGE 8 -N/A |
| $\boxtimes$ | 5. PHA Statement of Consistency with Consolidated Plan.   | PAGE 8      |
|             | Complete only if PHA has changed any policies, programs,  |             |
|             | or plan components from its last Annual Plan.             |             |
| $\boxtimes$ | 6. Supporting Documents Available for Review              | PAGE 9      |

- Copy of the 5 Year Plan for Fiscal Years 2005-2009 and Streamlined Annual Plan for Fiscal Year 2005
- **Housing Needs**
- > Statement of Financial Resources
- > SEMAP Certification and Confirmatory Letter from HUD

- > FSS Program Waiver Request
- > State of Florida Consolidated Plan Certification
- > State of Florida Consolidated Plan: Federal Fiscal Years (2005-2010)
- **➤** Copy of a Letter Sent to all Voucher Holders
- **Copies of Newspaper Notices**
- > PHA Certifications of Compliance
- > Section 8 Administrative Plan
- > Current Audited Financial Statements
- > Addition to the Section 8 Administrative Plan-Limited English Proficiency Policies and Procedures
- ➤ Revision language to the Section 8 Administrative plan implementing a Lottery to be placed on the Section 8 Waiting List

| 7. VAWA Statement  | PAGE 12     |
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| 8. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/ | PAGE 17-N/A |
| Performance and Evaluation Report  |             |
| 9. Capital Fund Program 5-Year Action Plan   | PAGE 20-N/A |

#### B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

**Form HUD-50076**, *PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan* identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

Form HUD-50070, Certification for a Drug-Free Workplace;

Form HUD-50071, Certification of Payments to Influence Federal Transactions; and

Form SF-LLL &SF-LLLa, <u>Disclosure of Lobbying Activities</u>.

#### 1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

#### A. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

| Site-Based Waiting Lists                                      |           |                   |                   |                 |  |
|---|-----------|-------------------|-------------------|-----------------|--|
| Development Date Initial mix of Current mix of Percent change |           |                   |                   |                 |  |
| Information:  | Initiated | Racial, Ethnic or | Racial, Ethnic or | between initial |  |
| (Name, number, Disability Disability and current              |           |                   |                   |                 |  |
| location) Demographics Demographics mix of Racial,            |           |                   |                   |                 |  |

form **HUD-50075-SA** (04/30/2003) Page 5 of 22

Fund Program tables). If no, skip to B.

upcoming year? If yes, complete items 7 and 8 of this template (Capital

PHA Name: Hendry County Housing Authority HA Code: FL-123 2. Yes No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.). HOPE VI and Public Housing Development and Replacement Activities (Non-B. Capital Fund) Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement. 1. Yes No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary). 1. Status of HOPE VI revitalization grant(s): **HOPE VI Revitalization Grant Status** a. Development Name: b. Development Number: c. Status of Grant: Revitalization Plan under development Revitalization Plan submitted, pending approval Revitalization Plan approved Activities pursuant to an approved Revitalization Plan underway 3. Yes No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year? If yes, list development name(s) below:

| for public housing in the Plan year? If yes, list developments or activities below:  |
|--|
| <br>Vill the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below: |

| 3. Section 8 Tena                             | ant Based AssistanceSection 8(y) Homeownership Program  |
|---|---|
|   | FR Part 903.12(c), 903.7(k)(1)(i)]  |
| 1. Yes No:                                    | Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.) |
| 2. Program Descript                           | ion:  |
| a. Size of Program  Yes No:                   | Will the PHA limit the number of families participating in the Section 8 homeownership option?  |
|   | If the answer to the question above was yes, what is the maximum number of participants this fiscal year?   |
| b. PHA-established ( Yes No:                  | eligibility criteria Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria:   |
| c. What actions will                          | the PHA undertake to implement the program this year (list)?  |
| 3. Capacity of the Pl                         | HA to Administer a Section 8 Homeownership Program:   |
| Establishing a                                | strated its capacity to administer the program by (select all that apply): a minimum homeowner down-payment requirement of at least 3 percent of e and requiring that at least 1 percent of the purchase price comes from the   |
| Requiring that be provided, is secondary more | t financing for purchase of a home under its Section 8 homeownership will insured or guaranteed by the state or Federal government; comply with ortgage market underwriting requirements; or comply with generally ate sector underwriting standards.   |
| Partnering wi                                 | th a qualified agency or agencies to administer the program (list name(s) experience below):  |
|   | g that it has other relevant experience (list experience below):  |

#### 4. Use of the Project-Based Voucher Program

| Intent to Use Project-Based Assistance   |
|--|
| Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.   |
| 1. Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:                    |
| low utilization rate for vouchers due to lack of suitable rental units access to neighborhoods outside of high poverty areas other (describe below:)   |
| 2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):  |
| 5. PHA Statement of Consistency with the Consolidated Plan [24 CFR Part 903.15]  |
| For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission. |
| 1. Consolidated Plan jurisdiction: (provide name here)   |
| 2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)   |
| The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.   |
| The PHA has participated in any consultation process organized and offered by the  |
| Consolidated Plan agency in the development of the Consolidated Plan.  The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.  |
| Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)  Other: (list below)  |

The Hendry County Housing Authority has amended it's Section 8 Administrative Plan at (1.5 Services for Non-English Speaking Persons and Participants/Limited English Proficiency Plan) to include policies and procedures for Limited English Proficiency in accordance with Federal

Register / Vol. 72, No. 13 / Monday, January 22, 2007 / Notices: Final Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons; Notice

In addition, the Hendry County Housing Authority has amended it's Section 8 Administrative Plan at 4.0 Managing the Waiting List sections 4.2 Taking Applications and 4.3 Organization of the Waiting List. The Hendry County Housing Authority is implementing a lottery to add families to the Waiting List.

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

This Plan has been certified as consistent with the State of Florida Consolidated Plan which has been approved by the U.S. Department of Housing and Urban Development.

#### <u>6. Supporting Documents Available for Review for Streamlined Annual PHA</u> Plans

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

|                               | List of Supporting Documents Available for Review   |  |  |
|-------------------------------|---|--|--|
| Applicable<br>& On<br>Display | Supporting Document   | Related Plan Component   |  |
|                               | PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;  | 5 Year and Annual Plans  |  |
| X                             | PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan   | Streamlined Annual Plans   |  |
| X                             | Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.  | 5 Year and standard Annual<br>Plans                                |  |
|                               | Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement. | 5 Year and Annual Plans  |  |
| X                             | Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.  | Annual Plan:<br>Housing Needs                                      |  |
| X                             | Most recent board-approved operating budget for the public housing program  | Annual Plan:<br>Financial Resources                                |  |
|                               | Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.  | Annual Plan: Eligibility,<br>Selection, and Admissions<br>Policies |  |
|                               | Deconcentration Income Analysis   | Annual Plan: Eligibility,<br>Selection, and Admissions<br>Policies |  |
|                               | Any policy governing occupancy of Police Officers and Over-Income Tenants in  | Annual Plan: Eligibility,  |  |

|                               | List of Supporting Documents Available for Review   |  |
|-------------------------------|---|--|
| Applicable<br>& On<br>Display | Supporting Document   | Related Plan Component   |
|                               | Public Housing.   Check here if included in the public housing A&O Policy.  | Selection, and Admissions<br>Policies  |
| X                             | Section 8 Administrative Plan   | Annual Plan: Eligibility,<br>Selection, and Admissions<br>Policies                         |
|                               | Public housing rent determination policies, including the method for setting public housing flat rents.  Check here if included in the public housing A & O Policy.   | Annual Plan: Rent<br>Determination   |
|                               | Schedule of flat rents offered at each public housing development.  Check here if included in the public housing A & O Policy.  | Annual Plan: Rent<br>Determination   |
|                               | Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies.   Check here if included in Section 8 Administrative Plan.  | Annual Plan: Rent<br>Determination   |
|                               | Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).   | Annual Plan: Operations and Maintenance  |
|                               | Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).  | Annual Plan: Management and Operations   |
|                               | Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)   | Annual Plan: Operations<br>and Maintenance and<br>Community Service & Self-<br>Sufficiency |
| X                             | Results of latest Section 8 Management Assessment System (SEMAP)  | Annual Plan: Management and Operations   |
|                               | Any policies governing any Section 8 special housing types  Check here if included in Section 8 Administrative Plan   | Annual Plan: Operations and Maintenance  |
|                               | Public housing grievance procedures  Check here if included in the public housing A & O Policy  | Annual Plan: Grievance<br>Procedures   |
|                               | Section 8 informal review and hearing procedures.  Check here if included in Section 8 Administrative Plan.   | Annual Plan: Grievance<br>Procedures   |
|                               | The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.   | Annual Plan: Capital Needs   |
|                               | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.   | Annual Plan: Capital Needs   |
|                               | Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.   | Annual Plan: Capital Needs   |
|                               | Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).  | Annual Plan: Capital Needs   |
|                               | Approved or submitted applications for demolition and/or disposition of public housing.   | Annual Plan: Demolition and Disposition  |
|                               | Approved or submitted applications for designation of public housing (Designated Housing Plans).  | Annual Plan: Designation of Public Housing   |
|                               | Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937. | Annual Plan: Conversion of<br>Public Housing   |
|                               | Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.  | Annual Plan: Voluntary<br>Conversion of Public<br>Housing                                  |
|                               | Approved or submitted public housing homeownership programs/plans.  | Annual Plan:<br>Homeownership  |
|                               | Policies governing any Section 8 Homeownership program (Sectionof the Section 8 Administrative Plan)  | Annual Plan:<br>Homeownership  |
|                               | Public Housing Community Service Policy/Programs  | Annual Plan: Community   |

|                               | List of Supporting Documents Available for Review   |   |
|-------------------------------|---|---|
| Applicable<br>& On<br>Display | Supporting Document   | Related Plan Component  |
|                               | Check here if included in Public Housing A & O Policy   | Service & Self-Sufficiency  |
|                               | Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.   | Annual Plan: Community<br>Service & Self-Sufficiency  |
|                               | FSS Action Plan(s) for public housing and/or Section 8.   | Annual Plan: Community<br>Service & Self-Sufficiency  |
|                               | Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.  | Annual Plan: Community<br>Service & Self-Sufficiency  |
|                               | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.  | Annual Plan: Community<br>Service & Self-Sufficiency  |
|                               | Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G).  Check here if included in the public housing A & O Policy.  | Annual Plan: Pet Policy   |
| X                             | The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.  | Annual Plan: Annual Audit   |
| X                             | Other supporting documents (optional) (list individually; use as many lines as necessary)   | (specify as needed)   |
|                               | <ul> <li>Copy of the 5 Year Plan for Fiscal Years 2005-2009 and Streamlined Annual Plan for Fiscal Year 2005</li> <li>Housing Needs</li> <li>Statement of Financial Resources</li> <li>SEMAP Certification and Confirmatory Letter from HUD</li> <li>FSS Program Waiver Request</li> <li>State of Florida Consolidated Plan Certification</li> <li>State of Florida Consolidated Plan: Federal Fiscal Years (2005-2010)</li> <li>Copy of a Letter Sent to all Voucher Holders</li> <li>Copies of Newspaper Notices</li> <li>PHA Certifications of Compliance</li> <li>Section 8 Administrative Plan</li> <li>Current Audited Financial Statements</li> <li>Addition to the Section 8 Administrative Plan-Limited English Proficiency Policies and Procedures</li> <li>Revision language to the Section 8 Administrative plan implementing a Lottery to be placed on the Section 8 Waiting List</li> </ul> |   |
|                               | Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.  | Joint Annual PHA Plan for<br>Consortia: Agency<br>Identification and Annual<br>Management and<br>Operations |

#### 7. VAWA STATEMENT

On March 16, 2007 a Federal Register Notice was published regarding the applicability to HUD programs. The Federal Register provided that PHAs must include the statement required by VAWA 2005.

Please find below the policies and procedures of the Hendry County Housing Authority regarding the implementation of the requirements of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (PUB.L.109-162). Within the Statement are the procedures in place that assures that tenants are notified of their rights under VAWA. Also, please find below the description of (1) any activities, services, or programs provided or offered by an agency, either directly or in partnership with other with other service providers, to child or adult victims of domestic violence, sexual assault, or stalking; (2) any activities, services, or programs provided, to child or adult victims of domestic violence, dating violence, sexual assault, and stalking to obtain or maintain housing; (3) any activities, services, or programs provided or offered to prevent domestic violence, dating violence, sexual assault, and stalking.

This policy shall be applicable to the administration by the HENDRY COUNTY HOUSING AUTHORITY of Section 8 rental assistance under the United States Housing Act of (42 U.S.C. 1437 *et seq.*). Notwithstanding its title, this policy is gender-neutral, and its protections are available to males who are victims of domestic violence, dating violence, or stalking as well as female victims of such violence.

This policy has the following principle goals and objectives:

- A. Maintaining compliance with all applicable legal requirements imposed by the Violence Against Women Act;
- B. Ensuring the physical safety of victims of actual or threatened domestic violence, dating violence, or stalking who are assisted by the HENDY COUNTY HOUSING AUTHORITY
- C. Providing and maintaining housing opportunities for victims of domestic violence, dating violence or stalking;
- D. Creating and maintaining collaborative arrangements between the HENDRY COUNTY HOUSING AUTHORITY, law enforcement authorities, victim service providers, and others to promote the safety and well-being of victims of actual and threatened domestic violence, dating violence and stalking, who are assisted by the HENDY COUNTY HOUSING AUTHORITY; and
- E. Taking appropriate action in response to an incident or incidents of domestic violence, dating violence, or stalking, affecting individuals assisted by the HENDRY COUNTY HOUSING AUTHORITY.

This policy shall be referenced in and attached to the HENDRY COUNTY HOUSING AUTHORITY'S Five Year Public Housing Agency Plan. The HENDRY COUNTY HOSUING AUTHORITY shall also contain information concerning the HENDRY COUNTY HOUSING AUTHORITY'S activities, service or programs relating to domestic violence, dating violence, and stalking.

#### TERMINATION OF TENANCY OR ASSISTANCE

An incident or incidents or actual or threatened domestic violence, dating

violence, or stalking will not be construed as a serious or repeated violation of the lease by the victim or threatened victim or that violence, and shall not be good cause for terminating the assistance, tenancy, or occupancy rights of the victim of such violence.

The HENDRY COUNTY HOUSING AUTHORITY will terminate the assistance to remove a lawful occupant or tenant who engages in criminal acts or threatened acts of violence or stalking to family members or others without terminating the assistance or evicting victimized lawful occupants.

The HENDRY COUNTY HOUSING AUTHORITY will honor court orders regarding the rights of access or control of the property, including civil protections orders issued to protect the victim and issued to address the distribution or possession of property among the household members in cases where the family breaks up.

There is no limitation on the ability of the HENDRY COUNTY HOUSING AUTHORITY to terminate assistance for other good cause unrelated to the incident or incidents of domestic violence, dating violence or stalking, other than the victim may not be subject to a "more demanding standard" than non-victims.

There is no prohibition of the HENDRY COUNTY HOUSING AUTHORITY terminating assistance if it "can demonstration an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant's (victim's) assistance is not terminated."

Any protections provided by law which give greater protection to the victim are not superseded by these provisions.

The HENDRY COUNTY HOUSING AUTHORITY will require: 1) certification by the victim of victim status on form HUD-50066 (Certificate of Domestic Violence, Dating Violence, or Stalking); 2) Other documentation-by providing to the HENDRY COUNTY HOUSING AUTHORITY or to the requesting Section 8 owner or manager documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of abuse, described in such documentation. professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incidents of domestic violence, dating violence, or stalking described in the documentation must also sign and attest to the documentation under penalty of perjury; or 3) Police or court record-by providing to the HENDRY COUNTY HOUSING AUTHORITY or to the requesting Section 8 owner or manager a

Federal, State, tribal territorial, or local police or court record describing the incident or incidents in question.

Time allowed to provide verification/failure to provide. An individual who claims protection against adverse action based on an incident or incidents of actual or threatened domestic violence, dating violence or stalking, and who is requested by the HENDRY COUNTY HOUSING AUTHORITY or a Section 8 owner or manager to provide verification, must provide such verification within 14 business days (i.e. 14 calendar days, excluding Saturdays, Sundays, and federally-recognized holidays) after receipt of the request for verification. Failure to provide verification, in proper form within such time will result in loss of protection under the Violence Against Women Act and this policy against a proposed adverse action.

Right of Confidentiality. All information (including the fact that an individual is a victim of domestic violence, dating violence or stalking) provided to the HENDRY COUNTY HOUSING AUTHORITY or to a Section 8 owner or manager in connection with a verification required under this policy or provided in lieu of such verification where a waiver of verification is granted, shall be retained by the receiving party in confidence and shall neither be entered in any shared database nor provided to any related entity, except where disclosure is:

- 1. Requested or consented to by the individual in writing, or
- 2. Required for use in connection with termination of Section 8 assistance as permitted by the Violence Against Women Act, or
- 3. Otherwise required by applicable law.

Portability. A Section 8-assisted tenant will not be denied portability to a unit located in another jurisdiction (notwithstanding the term of the tenant's existing lease has not expired, or the family has not occupied the unit for 12 months) so long as the tenant has complied with all other requirements of the Section 8 program and has moved from the unit in order to protect the health and safety of an individual member of the household who is or has been the victim of domestic violence, dating violence or stalking and who reasonably believes that the tenant or other household member will be imminently threatened by harm from further violence if the individual remains in the present dwelling unit.

Notification of Rights. All tenants participating in the Section 8 Housing Choice Voucher Program administered by the HENDRY COUNTY HOUSING AUTHORITY shall be notified in writing concerning their right to confidentiality and the limits on such rights to confidentiality.

The HENDRY COUNTY HOUSING AUTHORITY shall provide written notification to applicants, tenants, and Section 8 owners and managers, concerning the rights and obligations creates under the Violence Against

Women's Act relating to confidentiality, denial of assistance and, termination of tenancy.

Definitions for domestic violence, dating violence and stalking are as follows:

- 1. Domestic Violence- [as defined in Section 40002 of VAWA 1994] which states as follows: The term "domestic violence" includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of a the victim under the domestic or family laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.
- 2. Dating Violence- [as defined in Section 40002 of the VAWA 1994] which states as follows: The term "dating violence" means violence committed by a person who (a) is or has been in a social relationship of a romantic or intimate nature with the victim; and (b) where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) the length of the relationship; (ii) the type of relationship; and (iii) the frequency of interaction between the persons involved in the relationship.
- 3. Stalking- Means: (a) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and, (b) in the course of, or as a result of , such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of death of, or serious bodily injury to, or to cause substantial emotional harm to: (i) that person; (ii) a member of the immediate family or that person; or (iii) the spouse or intimate partner of that person.
- 4. Immediate Family Member-"means, with respect to a person-(a) a spouse, parent, brother, sister, or child of that person, or individual to whom that person stands in loco parentis; or (b) any other person loving in the household of that person and related to that person by blood or marriage.
- 5. Perpetrator-means a person who commits and act of domestic violence, dating violence or stalking against a victim

The Hendry County Housing Authority's statement/ description of the following as required by VAWA 2005:

(1) any activities, services, or programs provided or offered by an agency, either directly or in partnership with other with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking;

The Hendry works in partnership with the Hendry County Sheriff's Office, the City of Clewiston Police Department and Abuse Counseling and Treatment, Inc. (ACT) to provide activities, services and programs to child or adult victims of domestic violence, dating violence, sexual assault and stalking. Specifically (ACT) provides emergency protective shelter, a 24 hour hotline, one-on-one counseling, advocacy, support groups, transitional housing, batterer's intervention groups, community education and awareness, and information and referrals to those seeking assistance in other matters.

(2) any activities, services, or programs provided, to child or adult victims of domestic violence, dating violence, sexual assault, and stalking to obtain or maintain housing;

It is the policy of the Hendry County Housing Authority to assist child or adult victims of domestic violence, dating violence, sexual assault, and stalking maintain housing by terminating the assistance to remove a lawful occupant or tenant who engages in criminal acts or threatened acts of violence or stalking to family members or others without terminating the assistance or evicting victimized lawful occupants.

(3) any activities, services, or programs provided or offered to prevent domestic violence, dating violence, sexual assault, and stalking.

The Hendry County Housing Authority distributes pamphlets regarding the services describes above from Abuse Counseling and Treatment, Inc. (ACT) to all new clients receiving assistance under the Housing Choice Voucher Program.

# 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

| Annual Statement/Per  | rformance and Evaluation Report   |   |         |                     |            |  |
|---|---|---|---------|---------------------|------------|--|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary |   |   |         |                     |            |  |
| PHA Name:   |   | Grant Type and Number   |         | •                   | Federal FY |  |
|   |   | Capital Fund Program Gr   |         |                     | of Grant:  |  |
|   |   | Replacement Housing Fa  |         |                     |            |  |
|   | ment Reserve for Disasters/ Emergencies Revi                                |   |         |                     |            |  |
| Line No.  | uation Report for Period Ending: Final Pe<br>Summary by Development Account | erformance and Evaluation Report  Total Estimated Cost Total Actual |         |                     | tual Cost  |  |
| Line No.  | Summary by Development Account  | Original  | Revised | Obligated Obligated | Expended   |  |
| 1   | TO A LA CORD DE LA  | Original  | Reviseu | Obligated           | Expended   |  |
| 1   | Total non-CFP Funds   |   |         |                     |            |  |
| 2   | 1406 Operations   |   |         |                     |            |  |
| 3   | 1408 Management Improvements  |   |         |                     |            |  |
| 4   | 1410 Administration   |   |         |                     |            |  |
| 5   | 1411 Audit  |   |         |                     |            |  |
| 6   | 1415 Liquidated Damages   |   |         |                     |            |  |
| 7   | 1430 Fees and Costs   |   |         |                     |            |  |
| 8   | 1440 Site Acquisition   |   |         |                     |            |  |
| 9   | 1450 Site Improvement   |   |         |                     |            |  |
| 10  | 1460 Dwelling Structures  |   |         |                     |            |  |
| 11  | 1465.1 Dwelling Equipment—Nonexpendable                                     |   |         |                     |            |  |
| 12  | 1470 Nondwelling Structures   |   |         |                     |            |  |
| 13  | 1475 Nondwelling Equipment  |   |         |                     |            |  |
| 14  | 1485 Demolition   |   |         |                     |            |  |
| 15  | 1490 Replacement Reserve  |   |         |                     |            |  |
| 16  | 1492 Moving to Work Demonstration   |   |         |                     |            |  |
| 17  | 1495.1 Relocation Costs   |   |         |                     |            |  |
| 18  | 1499 Development Activities   |   |         |                     |            |  |
| 19  | 1501 Collaterization or Debt Service  |   |         |                     |            |  |
| 20  | 1502 Contingency  |   |         |                     |            |  |
| 21  | Amount of Annual Grant: (sum of lines 2 – 20)                               |   |         |                     |            |  |
| 22  | Amount of line 21 Related to LBP Activities                                 |   |         |                     |            |  |
| 23  | Amount of line 21 Related to Section 504                                    |   |         |                     |            |  |
|   | compliance  |   |         |                     |            |  |
| 24  | Amount of line 21 Related to Security – Soft Costs                          |   |         |                     |            |  |
| 25  | Amount of Line 21 Related to Security – Hard                                |   |         |                     |            |  |
|   | Costs   |   |         |                     |            |  |
| 26  | Amount of line 21 Related to Energy Conservation Measures                   |   |         |                     |            |  |

# 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

| PHA Name:   |                        | Grant Type and<br>Capital Fund Pr                                   | <b>d Number</b><br>rogram Grant No: |                      | Federal FY of Grant: |                   |          |           |
|-------------|------------------------|---|-------------------------------------|----------------------|----------------------|-------------------|----------|-----------|
|             |                        | Capital Fund Program Grant No: Replacement Housing Factor Grant No: |                                     |                      |                      |                   |          |           |
| Development | General Description of | Dev. Acct   | Quantity                            | Total Estimated Cost |                      | Total Actual Cost |          | Status of |
| Number      | Major Work Categories  | No.   |                                     |                      |                      |                   |          | Work      |
| Name/HA-    |                        |   |                                     |                      |                      |                   |          |           |
| Wide        |                        |   |                                     |                      |                      |                   |          |           |
| Activities  |                        |   |                                     |                      |                      |                   |          |           |
| Activities  |                        |   |                                     |                      | 1                    |                   |          |           |
|             |                        |   |                                     | Original             | Revised              | Funds             | Funds    |           |
|             |                        |   |                                     |                      |                      | Obligated         | Expended |           |
|             |                        |   |                                     |                      |                      |                   | 1        |           |
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## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement **Housing Factor**

| gram and | Capital Formation Capital Capi | und Prog  | ram Replac   | ement Housi  | ng Factor  | (CFP/CFPRHF)  Federal FY of Grant:  |
|----------|--|---|--|--|--|---|
|          | Fund Obliga  | ted   | All  |  |  | Reasons for Revised Target Dates  |
| Original | Revised  | Actual  | Original   | Revised  | Actual   |   |
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|          | gram and<br>entation S<br>All<br>(Quar   | gram and Capital Frentation Schedule Grant Capita Repla All Fund Obliga (Quarter Ending I | gram and Capital Fund Programation Schedule  Grant Type and Nun Capital Fund Programate Replacement Housin  All Fund Obligated (Quarter Ending Date) | Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:  All Fund Obligated (Quarter Ending Date)  (Quarter Ending Date) | gram and Capital Fund Program Replacement Housi entation Schedule  Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:  All Fund Obligated (Quarter Ending Date)  All Funds Expended (Quarter Ending Date) | gram and Capital Fund Program Replacement Housing Factor entation Schedule  Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:  All Fund Obligated (Quarter Ending Date)  All Funds Expended (Quarter Ending Date) |

# 8. Capital Fund Program Five-Year Action Plan

| Capital Fund P.<br>Part I: Summa           |                     | ve-Year Action Plan          |                           |                                   |                              |
|--|---------------------|------------------------------|---------------------------|-----------------------------------|------------------------------|
| PHA Name                                   | 1 <b>y</b>          |                              |                           | Original 5-Year Plan Revision No: | 1                            |
| Development<br>Number/Name/<br>HA-Wide     | Year 1              | Work Statement<br>for Year 2 | Work Statement for Year 3 | Work Statement<br>for Year 4      | Work Statement<br>for Year 5 |
|  |                     | FFY Grant:<br>PHA FY:        | FFY Grant:<br>PHA FY:     | FFY Grant:<br>PHA FY:             | FFY Grant:<br>PHA FY:        |
|  | Annual<br>Statement |                              |                           |                                   |                              |
|  |                     |                              |                           |                                   |                              |
|  |                     |                              |                           |                                   |                              |
|  |                     |                              |                           |                                   |                              |
|  |                     |                              |                           |                                   |                              |
| CFP Funds Listed<br>for 5-year<br>blanning |                     |                              |                           |                                   |                              |
| Replacement<br>Housing Factor<br>Funds     |                     |                              |                           |                                   |                              |

# 8. Capital Fund Program Five-Year Action Plan

| Capital Fund Program Five-Year Action Plan |             |                    |                       |                      |                       |           |  |  |
|--|-------------|--------------------|-----------------------|----------------------|-----------------------|-----------|--|--|
| Part II: Supporting Pages—Work Activities  |             |                    |                       |                      |                       |           |  |  |
| Activities                                 | Act         | tivities for Year: | _                     | Activities for Year: |                       |           |  |  |
| for  |             | FFY Grant:         |                       |                      | FFY Grant:<br>PHA FY: |           |  |  |
| Year 1                                     |             | PHA FY:            |                       |                      |                       |           |  |  |
|  | Development | Major Work         | <b>Estimated Cost</b> | Development          | Major Work            | Estimated |  |  |
|  | Name/Number | Categories         |                       | Name/Number          | Categories            | Cost      |  |  |
| See  |             |                    |                       |                      |                       |           |  |  |
| Annual                                     |             |                    |                       |                      |                       |           |  |  |
| Statement                                  |             |                    |                       |                      |                       |           |  |  |
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| Total CFP Estimated Cost                   |             |                    | \$                    |                      |                       | \$        |  |  |

# 8. Capital Fund Program Five-Year Action Plan

| Capital Fund Program Five-Year Action Plan |                                       |    |             |                                       |    |  |  |  |
|--|---------------------------------------|----|-------------|---------------------------------------|----|--|--|--|
| Part II: Supporting Pages—Work Activities  |                                       |    |             |                                       |    |  |  |  |
| A  | activities for Year:                  |    | A           | ctivities for Year: _                 |    |  |  |  |
|  | FFY Grant:                            |    |             | FFY Grant:                            |    |  |  |  |
|  | PHA FY:                               |    | PHA FY:     |                                       |    |  |  |  |
| Development                                | Development Major Work Estimated Cost |    |             | Development Major Work Estimated Cost |    |  |  |  |
| Name/Number                                | Categories                            |    | Name/Number | Categories                            |    |  |  |  |
|  |                                       |    |             |                                       |    |  |  |  |
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| Total CFP Est                              | imated Cost                           | \$ |             |                                       | \$ |  |  |  |